

Application Data Sheet

Application Information

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|----------------------------------|---|
| Application Type:: | Regular |
| Subject Matter:: | Utility |
| CD-ROM or CD-R?:: | None |
| Sequence Submission?:: | No |
| Computer Readable Form (CRF)?:: | No |
| Title:: | In Vivo Induction for Enhanced Function of Isolated Hepatocytes |
| Attorney Docket Number:: | 68603-507DV2 |
| Request for Early Publication?:: | No |
| Request for Non-Publication?:: | No |
| Suggested Drawing Figure:: | 1 |
| Total Drawing Sheets:: | 4 |
| Small Entity?:: | Yes |
| Petition Included?:: | No |
| Secrecy Order in Parent Appl.?:: | No |

Applicant Information

| | |
|-------------------------------|---------------|
| Applicant Authority Type:: | Inventor |
| Primary Citizenship Country:: | USA |
| Status:: | Full Capacity |
| Given Name:: | Susan |
| Middle Name:: | J. |
| Family Name:: | Sullivan |

Name Suffix::
City of Residence:: Newton
State or Province of Residence:: MA
Country of Residence:: USA
Street of mailing address:: 7 Lind Road

City of mailing address:: Newton
State or Province of mailing
address:: MA
Country of mailing address:: USA
Postal or Zip Code of mailing
address:: 02465

Applicant Authority Type:: Inventor
Primary Citizenship Country:: USA
Status:: Full Capacity
Given Name:: Paul
Middle Name:: G.
Family Name:: Gregory
Name Suffix::
City of Residence:: Shrewsbury
State or Province of Residence:: MA
Country of Residence:: USA
Street of mailing address:: 14 Quail Hollow Drive

City of mailing address:: Shrewsbury
State or Province of mailing
address:: MA
Country of mailing address:: USA

Postal or Zip Code of mailing
address::

01545

Applicant Authority Type:: Inventor

Primary Citizenship Country:: USA

Status:: Full Capacity

Given Name:: Paul

Middle Name:: A.

Family Name:: DeMilla

Name Suffix::

City of Residence:: Dover

State or Province of Residence:: MA

Country of Residence:: USA

Street of mailing address:: 66 Tisdale Drive

City of mailing address:: Dover

State or Province of mailing
address:: MA

Country of mailing address:: USA

Postal or Zip Code of mailing
address:: 02030

Correspondence Information

Correspondence Customer

Number:: 23483

Phone number:: (617) 526-6000

Fax Number:: (617) 526-5000

E-Mail address::

Representative Information

Representative Customer

Number:: 23483

Domestic Priority Information

| Application :: | Continuity Type:: | Parent Application:: | Parent Filing Date:: |
|------------------|-------------------|----------------------|----------------------|
| This Application | Division of | 10/036,593 | 12/21/01 |
| 10/036,593 | Division of | 09/621,921 | 07/24/00 |
| 09/621,921 | Claims Benefit of | 60/145,362 | 07/22/99 |

Assignment Information

Assignee name:: Organogenesis, Inc.

Street of mailing address:: 150 Dan Road

City of mailing address:: Canton

State or Province of mailing address::

MA

Country of mailing address:: USA

Postal or Zip Code of mailing address::

02021